06559

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gunby St	STREET ADDRESS (If rural, give location) Basket Switch to Cedartown road.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	Dennis	4. DATE OF DEATH (Month) (Day) (Year)	June 9th 1953
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 6/9/53
9. AGE last birthday yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min. 3 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Snow Hill Md	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Herman Dennis		14. MOTHER'S MAIDEN NAME Beatrice Tingle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Beatrice Tingle - Mother of deceased	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X Immediate cause (a) Premature birth

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Weight 3 lbs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Dr N. E. Fontoura Dep Med Exam — ADDRESS Pocomoke City Md — DATE SIGNED 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF 6/10/53	NAME OF CEMETERY OR CREMATORY At home -	LOCATION (City, town, or county) (State) near Newark, Md
DATE REC'D BY LOCAL REG. 6/10/53	REGISTRAR'S SIGNATURE LeRoy Smith	24. FUNERAL DIRECTOR Herman Randolph Dennis, Newark, Md, R#1	ADDRESS

4063272322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06560

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pocomoke
LENGTH OF STAY (in this place): 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 609 Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pocomoke
STREET ADDRESS (If rural give location): 609 Second St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) A. (Last) DITTO

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 1, 1880

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clergyman

10b. KIND OF BUSINESS OR INDUSTRY: Baptist

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Greenbury D. W. C. Ditto

14. MOTHER'S MAIDEN NAME: Lethea W. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): WW 1 ✓ (If Yes, give war or dates of service): WW 1

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John H. Ditto, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592X

Immediate cause (a) Uremia — 11. Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Nephritis — unknown

(260X) DUE TO (c) Coronary Artery Disease — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — unknown

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1950, to June 26 1953, that I last saw the deceased alive on June 26 1953, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE: Dr. Charles W. Trader — (Degree or title): MD — ADDRESS: Pocomoke City Md. — DATE SIGNED: 6-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/30/53 — NAME OF CEMETERY OR CREMATORY: Baptist Cemetery — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: June 29, 1953 — REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke, Md.

#

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06561

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Caroline & Boardwalk

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural give location) Caroline & Boardwalk

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H (Last) NAGAN JR.

4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: APR. 13, 1912

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months 2 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nagan, Sr.

14. MOTHER'S MAIDEN NAME: Pamela C. Smiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY No.: 579-05-1304

17. INFORMANT & ADDRESS: Mrs. John Nagan, Sr., Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a) DUE TO: Malignant Tumor of Brain — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1952 to June 14, 1953, that I last saw the deceased alive on June 14, 1953, and that death occurred at 8:05 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Nagan Jr. M.D. Ocean City, Maryland June 14, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/17/53 NAME OF CEMETERY OR CREMATORY Wicomico MEM. PK LOCATION (City, town, or county) SALISBURY (State) Md. ADDRESS

DATE REC'D BY LOCAL REGISTRAR 6-16-53 REGISTRAR'S SIGNATURE Helen F. Maywood

24. FUNERAL DIRECTOR THE Hill & Johnson Co. George C. Hill

VS. A15

RECEIVED
JUN 1953
BUREAU V. S.

06562

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - Route # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED: (Type or Print) (First) Lee (Middle) Edward (Last) Hammond

4. DATE OF DEATH: (Month) 6 - (Day) 8 - (Year) 1953

5. SEX: Male
6. COLOR OR RACE: A.A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 3-28-1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months 2 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Hammond
14. MOTHER'S MAIDEN NAME: Caroline Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 214-16-4957
17. INFORMANT & ADDRESS: Mrs. Stella Hammond, Newark, Md., Rt. # 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis
420.1
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8-53, 19.., to 6-8-53, 19.., that I last saw the deceased alive on 6-8-53, 19.., and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Clifford E. Schott MD Berlin Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6-11-'53
NAME OF CEMETERY OR CREMATORY Whaleyville Cemetery
LOCATION (City, town, or county) (State) Whaleyville, Worcester Co. Md.

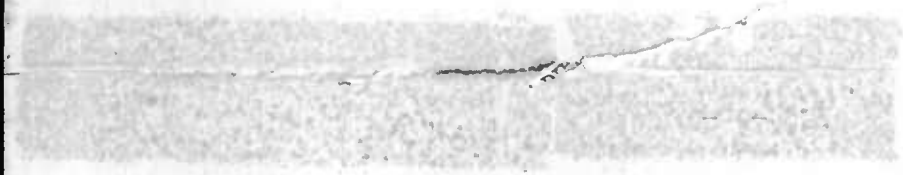
DATE REC'D BY LOCAL REG. 6/11/53
REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR ADDRESS
STEWART FUNERAL HOME 324 E. Church St
Mary A. Stewart, Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51



RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06563

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS Form 1

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Showell; LENGTH OF STAY (In this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Gay St.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Jane (Last) Jones

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Feb. 11, 1893

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Minos Haymon

14. MOTHER'S MAIDEN NAME: Mary Ely Halston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Loudon Phillips Showell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443 Immediate cause	(a) Cerebral hemorrhage	10 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension arteriosclerotic heart disease	4 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to 19 June, 1953, that I last saw the deceased alive on 19 June, 1953, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE: H. D. Thomas (Degree or title) M.D. ADDRESS Snowhill DATE SIGNED 20 June 53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/21/53 | NAME OF CEMETERY OR CREMATORY: Evergreen | LOCATION (City, town, or county) (State): Berlin Md.

DATE REC'D BY LOCAL REG.: 6-21, 1953 | REGISTRAR'S SIGNATURE: Helen J. Hayward

24. FUNERAL DIRECTOR: Peter Wheley ADDRESS Selbyville Del.

RECEIVED
JUN 23 1953
BUREAU N. S.

06564

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville; STREET ADDRESS (If rural, give location) no #

3. NAME OF DECEASED (Type or Print): (First) Tilghman (Middle) Bishop (Last) Lynch

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 30, 1915

9. AGE last birthday: 37 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto Mechanic

11. BIRTHPLACE (State or foreign country): Bishopville

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Horace Lynch

14. MOTHER'S MAIDEN NAME: Katie Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT, AND ADDRESS: Mrs. Linda Lynch Bishopville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Ventricular fibrillation — Interval Between Onset and Death: 3 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial infarction — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1949, to June 22, 1953, that I last saw the deceased alive on June 20, 1953 and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: Julian N Young (Degree or title) MD ADDRESS Selbyville, Del. DATE SIGNED June 22, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 24, 1953

NAME OF CEMETERY OR CREMATORY: I.O.O.F.

LOCATION (City, town, or county) (State): Bishopville, Md.

DATE REC'D BY LOCAL REG.: June 22-53

REGISTRAR'S SIGNATURE: Hilda Bergey mnt.

24. FUNERAL DIRECTOR: Peter Whaley ADDRESS Selbyville, Del

RECEIVED
JUN 24 1953
BUREAU V. S.

06565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 359

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location) C. M. Brown's Cite Bright farm

3. NAME OF DECEASED (Type or Print) (First) Hester (Middle) (Last) Marshall
4. DATE OF DEATH (Month) June (Day) 13 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 1869
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse wife
10b. KIND OF BUSINESS OR INDUSTRY Athens
11. BIRTHPLACE (State or foreign country) Stockton Md Rural
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME Irving Holland
14. MOTHER'S MAIDEN NAME Merry Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Henrietta Taylor Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

501 x Immediate cause (a) Pulmonary Oedema — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis — 5 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1953, to June 11, 1953 that I last saw the deceased alive on June 11, 1953 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE N. E. Tartonius (Degree or title) MD. ADDRESS Pocomoke City Md DATE SIGNED 6/11/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF June 16 1953 NAME OF CEMETERY OR CREMATORY Old Saint Paul LOCATION (City, town, or county) Stockton, Md (State)

DATE REC'D BY LOCAL REG. Jun 14 1953 REGISTRAR'S SIGNATURE Mary M. Taylor
24. FUNERAL DIRECTOR Irvine Bennett ADDRESS Stockton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1953
BUREAU V. S.

06566

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester Co — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Berlin, R.F.D. — LENGTH OF STAY (in this place): 8 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Berlin R.F.D., Md
STREET ADDRESS (If rural, give location): RFD #3

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) Joanne (Last) Martin
4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 6-6-53
9. AGE last birthday: 18 hrs — If under 1 year: Months / Days — If under 24 hrs.: Hours 15 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Berlin, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Isaac Martin
14. MOTHER'S MAIDEN NAME: Marie Ellen Martin Donaway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): N
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs Marie Ellen Martin Berlin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X

Immediate cause (a) Prematurity (6 mo 2 weeks) Wt 2 lbs 15 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) born 6/6/53 - 6 45 a.m.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1953, to 6/6, 1953, that I last saw the deceased alive on 6/6, 1953, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: Hennacle (Degree or title) Robbins Md — ADDRESS: Berlin Md — DATE SIGNED: 6/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/7/53 — NAME OF CEMETERY OR CREMATORY: ~~Carey's Lawn~~ Willards — LOCATION (City, town, or county) (State): ~~Laurel Md~~ Willards, Md
DATE REC'D BY LOCAL REG.: 6-7-53 — REGISTRAR'S SIGNATURE: Helen F Hayward — 24. FUNERAL DIRECTOR: Mrs Anna Burbage — ADDRESS: Berlin Md

1063294260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

145

RECEIVED
JUN 10 1953
BUREAU V. S.

06567

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
STREET ADDRESS (If rural, give location): West O.C.

3. NAME OF DECEASED (Type or Print): (First) Earnest (Middle) G. (Last) Parsons
4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 24, 1868
9. AGE last birthday: 84 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Fisherman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Parsonsburg Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Minos Parsons.
14. MOTHER'S MAIDEN NAME: Rittie Middleton.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mrs. E. G. Parsons, Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arteriosclerotic cardiovascular disease — unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. advanced age

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20 1953, to June 22 1953, that I last saw the deceased alive on June 22, 1953, and that death occurred at 5:30 p m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Ocean City Md. DATE SIGNED: June 24, 53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/24/53 — NAME OF CEMETERY OR CREMATORY: Taylor ville — LOCATION (City, town, or county): Berlin (State): Md R.I.D.

DATE REC'D BY LOCAL REG.: 6/24/53 — REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR: [signature] Burbage — ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06568

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin | MARYLAND | LENGTH OF STAY (in this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Worcester | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin | STREET ADDRESS (If rural, give location) West St -

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Shockley

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1953

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Jan 7 1886 | 9. AGE last birthday: 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician | 10b. KIND OF BUSINESS OR INDUSTRY: Town light Plant | 11. BIRTHPLACE (State or foreign country): Pocomoke Md | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Shockley | 14. MOTHER'S MAIDEN NAME: Rose Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): no | 16. SOCIAL SECURITY No.: no | 17. INFORMANT AND ADDRESS: Mrs. J. E. Shockley Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Arteriosclerotic Heart Disease	2-3 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) C Chronic degenerative myocarditis	1 yr
	(c) & anaemia	3 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to 11 June, 1953, that I last saw the deceased alive on 11 June, 1953, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Fernand Lalonde M.D.	Berlin Md	13 June 53.

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/13/53	Riverside	Berlin Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-13-53	Helen F Hayward	Dana A. Bunting	Berlin Md

VS. Art.

RECEIVED
JUN 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06569 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Washington St

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Bell (Last) Trader

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 5-1868
9. AGE last birthday: 84-11-27 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Powellville, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James M. Beauchamp
14. MOTHER'S MAIDEN NAME: Emma Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Matho Tull Paola, Pa. Maple ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442x

Immediate cause (a) Arteriosclerotic Cardio-vascular
DUE TO

Antecedent cause(s) (b) Renal disease
DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/ 1950, to 6/2/53, 19....., that I last saw the deceased alive on 6/2/53, 19....., and that death occurred at 2.00 P m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (DEGREE OR TITLE) ADDRESS Snow Hill Md DATE SIGNED 6/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 4/53
NAME OF CEMETERY OR CREMATORY Whatcoat
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 6/4/53
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Clay E. Lewis, ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 9 1953
BUREAU V. S.